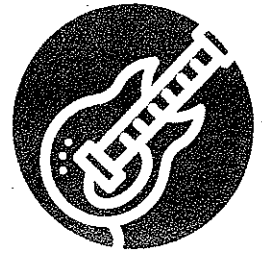




READING ROCKS



Name: _____ Teacher: _____

Parents Signature: _____

Name of Book:

Time:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Total: _____

1 Sheet = 1 Hour of Reading Time

